



Congressman Dan Burton
Indiana District 5



Application for Nomination to a United States Service
Academy

(Please type or print clearly all information on this application)

Selection of Academy

(Please place an "x" next to the academy/academies of your choice)

- ☐ United States Air Force Academy
☐ United States Military Academy
☐ United States Naval Academy
☐ United States Merchant Marine Academy
-

Full Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ County: _____ State: _____

Zip: _____ +4 _____ (required)

Telephone Number (____) _____ - _____ Email: _____

Alternate Number (____) _____ - _____

When is the best time for you to be reached? _____ Day _____ Evening

Social Security Number: _____ - _____ - _____

Date of Birth: (Year) 19____ (Month)____ (Day)____

Place of Birth: (City)____ (State) _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Have you applied for a nomination by another source?

Please check all that apply:

- ☐ Senators Lugar or Coats
☐ Service related
☐ Vice President

Place photo here

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Education:

Name of School District and High

School: _____

City: _____ State: _____ Zip: _____

School Telephone Number: (____) _____ - _____

Guidance Counselor: _____

Grade Point Average: _____ Class Rank: _____

Anticipated Date of Graduation: _____

SAT- Scores: Verbal _____ Math _____ Date taken _____

ACT Scores: Verbal _____ Math _____ Date taken _____

Extracurricular Activities:

Community Activities:

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Medical Information:

Have you taken or been scheduled to take your Academy medical exam (scheduled by DODMERB)? _____ Yes _____ No If yes, when? _____

Have you taken or been scheduled to take your Physical Aptitude Exam?
_____ Yes _____ No If yes, when? _____

As part of your application for admission to an Academy, you will be required to take a medical exam through DODMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.

Do you wear corrective eyewear? _____ Yes _____ No
If no, have you had laser surgery of any type to correct your vision?
_____ Yes _____ No

Have you ever been diagnosed with asthma, hay fever or allergies?
_____ Yes _____ No
If yes, please explain:

Have you ever had surgery or broken bones in the last ten years?
_____ Yes _____ No
If yes, please
explain: _____

Have you ever been diagnosed with ADD or ADHD? _____ Yes _____ No
If yes, are you currently taking medication or have you ever taken medication for this condition? _____ Yes _____ No
If yes, please
explain: _____

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Have you ever had a tattoo? _____ Yes _____ No

Have you ever had seizures or convulsions? _____ Yes _____ No

Criminal Information:

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No
(NOT INCLUDING: speeding tickets, parking tickets or traffic violations for which you did not receive any points)
(INCLUDING BUT NOT LIMITED TO: driving while intoxicated or impaired or disorderly conduct charges)

If yes, please

explain: _____

Are you a citizen of the United States of America? _____ Yes _____ No

Do you reside within the 5th Congressional District of Indiana? _____ Yes _____ No

References:

Please provide no less than three and no more than five letters of recommendation. Letters may not be from relatives and at least one reference should come from a non-school source.

Source #1: _____	Relationship: _____
Source #2: _____	Relationship: _____
Source #3: _____	Relationship: _____
Source #4: _____	Relationship: _____
Source #5: _____	Relationship: _____

I (print name) _____, have read and given all information requested. I have answered all questions truthfully and to the best of my knowledge. I understand that any false information could result in me not getting a nomination. I also understand that filling out an application does not guarantee me a nomination.

Signature: _____ Date: _____

INSTRUCTIONS

First, make sure you have contacted the academy of your choice. You should have an open file listed with them before you apply for your nomination.

Secondly, make sure you live within the 5th Congressional district. You can check by going to: <http://www.in.gov/apps/sos/legislator/search/>
Under "Elected Office" choose U.S. House.

Finally, please make six copies of your completed file in the order listed below and return to this office

NO LATER THAN OCTOBER 21, 2011

1. Completed application
2. Copy of your high school transcripts (not sealed)
3. SAT/ACT scores
4. Letters of recommendation (at least 3 but no more than 5)
5. Recent photo (attach to application)
6. A brief -one page - essay describing why you are interested in attending a service academy

IMPORTANT- PLEASE READ CAREFULLY

We require the original application, plus six photo copies of your completed file. If you apply to more than one academy, then six copies per academy must be turned into this office. Please make sure your application is filled out in its entirety. Please TYPE or PRINT CLEARLY. Please call Elizabeth Tapia with any questions.

Return to: Congressman Dan Burton
Attn: Elizabeth Tapia
8900 Keystone at the Crossing, Suite 1050
Indianapolis, Indiana 46240

If you have questions, please contact Elizabeth Tapia at (800) 382-6020 or (317) 848-0201 or email at Elizabeth.Tapia@mail.house.gov
subject line: Academy Request

NEW INFORMATION for USMA Applicants:

Effective immediately, candidates for the USMA Class of 2012 (i.e. entering USMA in 2008 and later) are required to submit a writing score with their SAT and/or ACT exam. The SAT requires the writing exam as part of the test itself. However, the writing portion on the ACT is currently optional. If you register for the ACT, you must select the "ACT Plus Writing" exam. If you have already registered for the upcoming ACT and did not select the "ACT Plus Writing" exam, you should immediately contact ACT (319-337-1270) to add the writing portion. For more information, please visit: <http://www.actstudent.org/faq/answers>